



**NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket Number (Optional)

42P17013

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature

Typed or printed

name Jessica M. Huester

In re Application of

Louis A. Lippincott, et al.

Application Number

10/611,377

Filed

06/30/2003

For: CONTROLLING MEMORY ACCESS DEVICES IN
A DATA DRIVEN ARCHITECTURE MESH
APPARATUS

Art Unit

2183

Examiner

Cody, Dillon J.

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$540.00

Applicant claims small entity status under 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____

A check in the amount of the fee is enclosed.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 02-2666

Per MPEP 1204.01, any previously paid appeal fees set forth in 37 CFR 41.20 for filing a notice of appeal will be applied to the new appeal in the same application as long as a final Board decision has not been made on the prior appeal. In accordance with MPEP, 1204.01, The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No.02-2666.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

I am the

applicant/inventor.

assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

attorney or agent of record.

attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Signature

Farzad E. Amini, Reg. No. 42,261

Typed or printed name

2.10.09

Date

*Total of _____ forms are submitted.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/611,377
		Filing Date	June 30, 2003
		First Named Inventor	Louis A. Lippincott
		Art Unit	2183
		Examiner Name	Cody, Dillon J.
Total Number of Pages in This Submission	4	Attorney Docket Number	42P17013

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

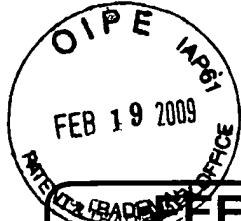
Firm or Individual name	Farzad E. Amini, Reg. No. 42,261 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	02/13/09

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Jessica M. Hueste
Signature	
	Date 02/13/09

Based on PTO/SB/21 (10-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 10/05/2007.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



EE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 540.00)

Complete if Known	
Application Number	10/611,377
Filing Date	June 30, 2003
First Named Inventor	Louis A. Lippincott
Examiner Name	Cody, Dillon J.
Art Unit	2183
Attorney Docket No.	42P17013

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	<input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.	

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid
Total Claims	28	29*	=	0	X	
Independent Claims	5	5*	=	52.00	=	\$0.00
Multiple Dependent				220.00	=	\$0.00

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	52	2202	26	Claims in excess of 20
1201	220	2201	110	Independent claims in excess of 3
1203	390	2203	195	Multiple Dependent claim, if not paid
1204	330	2204	165	**Reissue independent claims over original patent
1205	330	2205	165	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$ 0.00)

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251	130	2251	65	Extension for reply within first month
1252	490	2252	245	Extension for reply within second month
1253	1,110	2253	555	Extension for reply within third month
1254	1,730	2254	865	Extension for reply within fourth month
1255	2,350	2255	1,175	Extension for reply within fifth month
1401	540	2401	270	Notice of Appeal
1402	540	2402	270	Filing a brief in support of an appeal
1403	1,080	2403	540	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	810	1809	405	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) _____

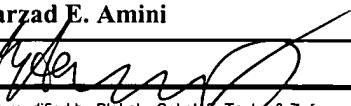
SUBTOTAL (2) (\$ 540.00)

Fee Paid

540.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Farzad E. Amini	Registration No. (Attorney/Agent)	42,261	Telephone	(310) 207-3800
Signature				Date	02/13/09



FEB 19 2009

FEE TRANSMITTAL for FY 2007

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Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 540.00)

Complete if Known

Application Number	10/611,377
Filing Date	June 30, 2003
First Named Inventor	Louis A. Lippincott
Examiner Name	Cody, Dillon J.
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Charge fee(s) indicated below

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

Credit any overpayments

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

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Multiple Dependent							

Large Entity

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**or number previously paid, if greater, For Reissues, see below

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1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

Fee Paid

540.00

(\$ 540.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Farzad E. Amini	Registration No. (Attorney/Agent)	42,261	Telephone	(310) 207-3800
Signature				Date	02/13/09